

The Importance of Guidelines-Based Care for Asthma Patients

Asthma is a chronic, or life long, lung disease that makes it harder to move air in and out of your lungs. Asthma can be serious—even life threatening if not managed properly. Asthma is a disease that cannot be cured, but can be managed effectively by avoiding or limiting exposure to allergens and irritants and using asthma medications. In 2016, it was estimated that 26.5 million Americans currently have asthma, including 6.1 million children under 18. Of these, 12.1 million Americans (3.1 million children) had an asthma episode or attack.¹

The National Heart Lung and Blood Institute and National Asthma Education and Prevention Program (NAEPP) Guidelines, last released in 2007 through [NAEPP's Expert Panel Report 3](#)² provides important recommendations on how asthma can best be managed to help people who have asthma be active and healthy. The American Lung Association strongly supports and believes that care for asthma patients should be based on the recommendations in the NAEPP Guidelines.

The NAEPP guidelines focus its recommendations in four components or areas: 1) Assessment and Monitoring of Patients with Asthma, 2) Education about Asthma Self-Management, 3) Control of Environmental Exposures that Affect Asthma and 4) Medications to Treat Asthma.

Key recommendations in each area of the NAEPP guidelines are below:

1) Assessment and Monitoring of Patients with Asthma

- At planned follow-up visits, doctors should assess their patients' level of asthma control based on severity of asthma, control of asthma symptoms and responsiveness to asthma therapy.
- A patient's impairment and risk can be measured using diagnostic tools, such as: detailed medical history, physical exam, pulmonary function testing, asthma diaries and questionnaires to assess exacerbations and quality of life measures as well as health care utilization in order to guide decisions to either maintain or adjust treatment.

2) Education about Asthma Self-Management

- All patients who have asthma should receive a written asthma action plan to guide their self-management efforts.
- Asthma self-management education is essential to provide patients with the skills necessary to control asthma and improve health outcomes. Studies demonstrate the benefits of programs provided in patient's home for multifaceted allergen control.

3) Control of Environmental Exposures that Affect Asthma

- Patients should avoid or reduce exposure to known respiratory allergens (e.g., mold and mildew, pollen, animal dander) or irritants (e.g., chemicals, fragrances, secondhand smoke or smoke from wood-burning stoves and fireplaces) at home, in school and at work.
- For patients with persistent asthma, health care providers should use the patient's medical history and in vitro (blood) or skin testing to determine sensitivity to indoor and environmental allergens.
- Patients should get an annual influenza vaccination.

- Patients should avoid or reduce exertion outdoors when levels of outdoor air pollution are high.

4) Medications to Treat Asthma

- Patients should use long-term control medications such as inhaled corticosteroids to achieve and maintain control of persistent asthma.
- Patients should have and use quick relief medications such as albuterol to treat acute asthma symptoms and exacerbations

For more information about coverage of guidelines-based care for asthma from the American Lung Association, please visit www.lung.org/asthma-care-coverage or contact asthmacare@lung.org.

¹Centers for Disease Control and Prevention: National Center for Health Statistics, National Health Interview Survey Raw Data, 2015. Analysis by the American Lung Association Research and Program Services Division using SPSS software.

²U.S. Department of Health and Human Services. *National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Heart Lung and Blood Institute, NIH Publication Number 08-5846, October 2007.